

Residential Tenancy Application Form

Proposed Rental Property Address: _____ Postcode: _____

Rent Per Week: \$ _____ Bond Amount: \$ _____ Have You Inspected The Property? _____

Length Of Tenancy: Years: _____ Months: _____ Tenancy To Commence: _____

How Many Tenants Will Occupy The Property? _____ Adults: _____ Children: _____ Ages: _____

Pets: _____ Types: _____ Reg: _____ Breed/s: _____

Vehicle 1 Rego: _____ Modle/Year/Colour: _____ Vehicle 2 Rego: _____ Modle/Year/Colour _____

1. First Applicant

Title: _____ First Name: _____ Initial: _____ Last Name: _____

Smoker: _____ Other Names (Maiden, married etc): _____ Date Of Birth: _____ Age(Years/Months) _____

Drivers Licence No. _____ State: _____ Passport: _____ Medicare No. _____

Pension Type (if applicable) _____ No. _____ Home Ph. _____

Mobile Ph: _____ Email: _____ Occupation: _____

Work Ph: _____ Marital Status: Single Married De Facto Sep/Div Friends Relatives _____

2. Rental History – Applicant 1

Current Address: _____ Suburb: _____

Postcode: _____ How Long at Current Address? _____ Years: _____ Months: _____

Reason for Leaving: _____ Rent per Week: \$ _____ Landlord/Agent Name: _____ Agent Ph: _____

Previous Address: _____ Suburb: _____ Postcode: _____

Length at Previous Address? Years: _____ Months: _____ Reason for Leaving: _____ Rent per Week: \$ _____

Landlord/Agent Name: _____ Agent Ph: _____ Bond Refunded: _____ If Not Why? _____

Previous Address: _____ Suburb: _____ Postcode: _____

Length at Previous Address? Years: _____ Months: _____ Reason for Leaving: _____ Rent per Week: \$ _____

Landlord/Agent Name: _____ Agent Ph: _____ Bond Refunded: _____ If Not Why? _____

3. Employment Details – Applicant 1

Occupation: _____ Employers Name: _____ Employment Address: _____

Suburb: _____ Postcode: _____ Employer Ph: _____ Contact Name: _____

Length at Current Employment: Years: _____ Months: _____ Net Income: \$ _____ Per Week: \$ _____ Per Month: \$ _____

Are you Self Employed? _____ ABN: _____ Accountant Name: _____ Ph: _____

4. Social Security Benefits OR Centerlink Payments – Applicant 1

Type: _____ CRN: _____ Per Week: \$ _____ Per Month: \$ _____

5. Referees– Applicant 1 – (NOT Co - Applicant)

1. Reference Name: _____ Address: _____
Home Ph: _____ Mobile Ph: _____

2. Reference Name: _____ Address: _____
Home Ph: _____ Mobile Ph: _____

6. Emergency Contact (NOT Same As Co-Applicant)

Name: _____ Ph: _____ Address: _____
Suburb: _____ Postcode: _____ Relationship: _____

7. 100 Points of ID – The following below should be a part of your application

- Copy of Drivers License
- Copy of Medicare Card
- Copy of Passport
- 18+ Card OR Other Photos ID
- Payslips or Centerlink Statements (Required)

- Bank Statements
- Copy of Bank Card
- Copy of a Bill with an (Current Address)
- Car Registration Paperwork

Must Have 5 of the above with your application PLUS the required before we can process your application

8. Declaration of Authority

I hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be accepted by the landlord I agree to enter into a Residential Tenancy Agreement.

I acknowledge that this application is subject to the approval of the owner/ landlord. I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I declare that I have inspected the premises and am not bankrupt.

I authorise the Agent to obtain personal information from:

- (a) The owner or the Agent of my current or previous residence;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants such as NTD, TICA or TRA for the purpose of checking your tenancy history;

I am aware that I may access my personal information by contacting -
• NTD: 1300 563 826 • TRA: (02) 9363 9244 • TICA: 1902 220 346

If I default under a rental agreement, I agree that the Agent may disclose details of any such default to a tenancy default database, and to agents/ landlords of properties I may apply for in the future.

I am aware that the Agent will use and disclose my personal information in order to:

- (a) communicate with the owner and select a tenant
- (b) prepare lease/tenancy documents
- (c) allow tradespeople or equivalent organisations to contact me
- (d) lodge/claim/transfer to/from a Bond Authority
- (e) refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) refer to collection agents/lawyers (where applicable)
- (g) complete a credit check with NTD (National Tenancies Database)

I am aware that if information is not provided or, do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/tenancy of the premises.

Printed Name Applicant 1: _____

Signature Applicant 1: _____

Date: _____

9. FREE Utility Connection Service

myconnect



myconnect is a FREE and easy to use utility connection service

Yes, Please Contact Me

Interpreter required

Phone: 1300 854 478

Fax: 1300 854 479

Email: enquiry@myconnect.com.au

Web: www.myconnect.com.au

Unless I have opted out of this section, I/we:

Consent to the disclosure of information on this form to myconnect ABN 34121 892 331 for the purpose of arranging the connection of nominated utility services; consent to myconnect disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Real Estate Agent, its employees and myconnect may receive a fee/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst myconnect is a free service, a standard connection fee and/or deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Real Estate Agent, its employees and myconnect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or failure to connect or provide the nominated utilities. I acknowledge that myconnect record all calls for coaching, quality and compliance purposes.

Tick here to opt out

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Pets: _____ Types: _____ Reg: _____ Breed/s: _____

Vehicle 1 Rego: _____ Modle/Year/Colour: _____ Vehicle 2 Rego: _____ Modle/Year/Colour _____

2. Second Applicant

Title: _____ First Name: _____ Initial: _____ Last Name: _____

Smoker: _____ Other Names (Maiden, married etc): _____ Date Of Birth: _____ Age(Years/Months) _____

Drivers Licence No. _____ State: _____ Passport: _____ Medicare No. _____

Pension Type (if applicable) _____ No. _____ Home Ph. _____

Mobile Ph: _____ Email: _____ Occupation: _____

Work Ph: _____ Marital Status: Single Married De Facto Sep/Div Friends Relatives _____

2. Rental History – Applicant 2

Current Address: _____ Suburb: _____

Postcode: _____ How Long at Current Address? _____ Years: _____ Months: _____

Reason for Leaving: _____ Rent per Week: \$ _____ Landlord/Agent Name: _____ Agent Ph: _____

Previous Address: _____ Suburb: _____ Postcode: _____

Length at Previous Address? Years: _____ Months: _____ Reason for Leaving: _____ Rent per Week: \$ _____

Landlord/Agent Name: _____ Agent Ph: _____ Bond Refunded: _____ If Not Why? _____

Previous Address: _____ Suburb: _____ Postcode: _____

Length at Previous Address? Years: _____ Months: _____ Reason for Leaving: _____ Rent per Week: \$ _____

Landlord/Agent Name: _____ Agent Ph: _____ Bond Refunded: _____ If Not Why? _____

3. Employment Details – Applicant 2

Occupation: _____ Employers Name: _____ Employment Address: _____

Suburb: _____ Postcode: _____ Employer Ph: _____ Contact Name: _____

Length at Current Employment: Years: _____ Months: _____ Net Income: \$ _____ Per Week: \$ _____ Per Month: \$ _____

Are you Self Employed? _____ ABN: _____ Accountant Name: _____ Ph: _____

4. Social Security Benefits OR Centerlink Payments – Applicant 2

Type: _____ CRN: _____ Per Week: \$ _____ Per Month: \$ _____

5. Referees– Applicant 2 – (NOT Co - Applicant)

1.Reference Name: _____ Address: _____
Home Ph: _____ Mobile Ph: _____

2.Reference Name: _____ Address: _____
Home Ph: _____ Mobile Ph: _____

6. Emergency Contact (NOT Same As Co-Applicant)

Name: _____ Ph: _____ Address: _____
Suburb: _____ Postcode: _____ Relationship: _____

7. 100 Points of ID – The following below should be a part of your application

- Copy of Drivers License
- Copy of Medicare Card
- Copy of Passport
- 18+ Card or Other Photo ID
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- Bank Statements
- Copy of Bank Card
- Copy of a Bill with an (Current Address)
- Car Registration Paperwork

Must Have 5 of the above forms of ID with your application PLUS the required before we can process your application

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- (j) allow tradespeople or equivalent organisations to contact me
- (k) lodge/claim/transfer to/from a Bond Authority
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- (m) refer to collection agents/lawyers (where applicable)
- (n) complete a credit check with NTD (National Tenancies Database)

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Printed Name Applicant 2: _____

Signature Applicant 2: _____

Date: _____

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